



RCE# 2700 #10

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to: Commissioner for Patents Box RCE Washington, DC 20231	Application Number	09/417,527
	Filing Date	October 13, 1999
	First Named Inventor	David M. PUTZOLU
	Art Unit	2157
	Examiner Name	Barbara N. BURGESS
	Attorney Docket Number	02207/6926

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. 1.114	<b>RECEIVED</b> <b>MAY 27 2003</b> <b>Technology Center 2100</b>
a. <input type="checkbox"/> Previously submitted	
i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered).	
ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on	
iii. <input type="checkbox"/> Other	
b. Enclosed	
i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other
2. Miscellaneous	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)	
b. <input type="checkbox"/> Other	
3. Fees	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>11-0600</u>	
i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)	
ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)	
iii. <input type="checkbox"/> Other	
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Name (Print /Type)	William E. Cuffy	Registration No. (Attorney/Agent)	43,572
Signature		Date	May 22, 2003

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:			
Name (Print /Type)			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231. 455202v1

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